

STATE OF NEW MEXICO
COUNTY OF _____
_____ COURT

No. _____

Petitioner,
v.

Respondent.

APPLICATION FOR FREE PROCESS AND AFFIDAVIT OF INDIGENCY

I request that the court enter an order permitting me to file this case without prepayment of fees and costs and give upon my oath or affirmation the following statement.

My marital status is: Single ____ Married ____ Divorced ____ Separated ____ Widowed ____

INFORMATION ABOUT MY FINANCES (check all that apply to you and fill in the blanks):

A. PUBLIC ASSISTANCE

___ I do not receive public assistance.

___ I currently receive the following public assistance in _____ County (please fill in the monthly amount you receive from any of the following public assistance programs):

Temporary Assistance for Needy Families (TANF) \$ _____

Food Stamps \$ _____

Medicaid \$ _____

General Assistance (GA) \$ _____

Supplemental Security Income (SSI) \$ _____

Social Security Disability Income (SSDI) \$ _____

Public Housing \$ _____

Disability Security Income (DSI) \$ _____

Department of Health Case Management Services (DHMS) \$ _____

Other \$ _____.

___ I am homeless and have no income.

B. EMPLOYMENT

___ I am currently unemployed and have been unemployed for ___ months in the past year. I am unemployed because _____.

___ I receive unemployment benefits in the amount of \$_____per month.

___ I am employed.

My employer's name, address and phone number is:

I am paid weekly ___ every other week ___ twice a month ___ once a month ___.

When I am paid my net take-home pay minus deductions required by law like state and federal tax withholding and FICA is \$_____.

___ I am self-employed.

My type of self-employment is _____.

My average monthly income from self-employment is _____.

___ My spouse is unemployed and has been unemployed for ___ months in the past year because _____.

___ My spouse receives unemployment benefits in the amount of \$_____per month.

___ My spouse is employed.

My spouse's employer's name, address and phone number is:

My spouse is paid weekly ___ every other week ___ twice a month ___ once a month _____. When my spouse is paid his or her net take home pay minus deductions required by law like state and federal tax withholding and FICA is \$_____.

___ My spouse is self-employed.

My spouse's type of self-employment is _____.

My spouse's average monthly income from self-employment is _____.

C. OTHER SOURCES OF INCOME

___ I have income from another source not mentioned above.

___ Child Support \$_____

_____ Alimony \$ _____
_____ Investments \$ _____
_____ Other _____ \$ _____
_____ Other _____ \$ _____

_____ I do not have any other sources of income.

_____ My spouse has income from another source not mentioned above.

_____ Child Support \$ _____
_____ Alimony \$ _____
_____ Investments \$ _____
_____ Other _____ \$ _____
_____ Other _____ \$ _____

_____ My spouse does not have any other sources of income.

D. OTHER ASSETS (Please list other assets owned by you or your spouse that can be turned into cash. Do not include money you have in retirement accounts):

Cash on hand \$ _____
Bank accounts \$ _____
Stocks/bonds \$ _____
Income tax refund \$ _____
Equity in real property \$ _____
Equity in motor vehicles \$ _____
Other assets (describe below):
_____ \$ _____
_____ \$ _____

IF YOU DO NOT HAVE ACCESS TO YOUR OWN OR YOUR SPOUSE'S INCOME OR ASSETS, EXPLAIN WHY.

E. MONTHLY EXPENSES

House Payment/Rent \$ _____
Utilities \$ _____
Telephone \$ _____
Groceries (after food stamps) \$ _____

Car Payment(s)	\$ _____
Gasoline	\$ _____
Insurance	\$ _____
Child Care	\$ _____
Student and Consumer Loans	\$ _____
Court-ordered family support obligations	\$ _____
Other _____	\$ _____
Other _____	\$ _____

F. HOUSEHOLD

I live at _____,

and the head of the household is _____.

Other than myself, the other members of the household are:

<u>Name</u>	<u>Age</u>	<u>Employment</u>	<u>I Support</u>
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()

(Signature)

(Print Name)

____Petitioner ____Respondent

(Pro Se)

(Address)

(Telephone)

State of _____)
) ss
 County of _____)

Signed and sworn to (or affirmed) before me on _____ (date)
by _____ (name of applicant).

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